

1. Is this the way your baby eats most of the time? ☐ No ☐ Yes If no, why not? \_\_\_\_\_
2. What is fed to baby in a bottle? ☐ breast milk ☐ formula ☐ juices ☐ water ☐ cereal  
☐ milk ☐ jello water ☐ tea ☐ other: \_\_\_\_\_
3. Check any problems baby has during feedings:  
☐ chokes and gags ☐ is a fussy eater ☐ other: \_\_\_\_\_
4. Where does baby's drinking water come from? ☐ well ☐ city water ☐ bottled water ☐ don't know
5. How often does baby go to a babysitter or day care? \_\_\_\_\_ days a week ☐ never  
 If baby goes to sitter or day care, are meals/food provided? ☐ No ☐ Yes
6. When you are short of money for baby's food or formula, what do you do? \_\_\_\_\_

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**  
Division of Health  
DOH 1066A (3/94)

STATE OF WISCONSIN  
Completion of this form is voluntary  
1-800-722-2295

**CHILD'S FOOD RECORD (1-12 years of age)**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Write down everything the child ate or drank in the last 24 hours (meals and snacks). Start with the first morning feeding yesterday to the first morning feeding today.

Example: 8:30 am home sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter  
1 cup tomato soup made with 2% milk

TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN

Office Use Only: Brd: Veg: Frt: Milk: Meat:

1. Is this the way this child eats most of the time?    \_\_\_ No    \_\_\_ Yes    If no, why? \_\_\_\_\_
2. What foods does this child refuse to eat? \_\_\_\_\_
3. How often does this child eat away from home?    \_\_\_ 1 to 2 times a week  
                               \_\_\_ 2 to 4 times a week    \_\_\_ almost every day    Where are these meals eaten? \_\_\_\_\_
4. Are mealtimes with this child usually pleasant?    \_\_\_ No    \_\_\_ Yes    If no, why? \_\_\_\_\_
5. How many times in the last month did the child have problems getting enough food? \_\_\_\_\_

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**ADOLESCENT'S FOOD RECORD (13-20 years of age)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Example: 10:30 home donut, 4 oz apple juice

noon home sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, 1  
tablespoon butter  
1 cup (8 ounces) tomato soup made with 2% milk

TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN

Office Use Only: Bread: Veg: Frt: Milk: Meat:

1. Is this the way you eat most of the time?    ☐ No    ☐ Yes    If no, why? \_\_\_\_\_
2. What foods do you refuse to eat? \_\_\_\_\_
3. How often do you eat away from home?    ☐ 1 to 2 times a week    ☐ 2 to 4 times a week  
☐ almost every day    Where are these meals eaten? \_\_\_\_\_
4. Are you on a diet, following diet restrictions, or trying to control your weight?    ☐ No    ☐ Yes
5. How many times in the last month did you have problems getting enough food? \_\_\_\_\_